Massachusetts Infectious Disease Drug Assistance Programs (MA IDDAP) NCPDP D.0 Payer Specifications

April 28, 2023

Effective **July 1, 2022**, Prime Therapeutics Management LLC (Prime) will provide Pharmacy Benefits Management Services for the Massachusetts HIV Drug Assistance Program (HDAP) and Tuberculosis Drug Assistance Program (TBDAP), which are part of the Massachusetts Infectious Disease Drug Assistance Programs (IDDAP). This documentation provides Payer Specifications for all claims submitted on behalf of HDAP or TBDAP clients.

Claim Billing/Claim Re-Bill Payer Sheet

** Start of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet **

General Information

Payer Name: Prime Therapeutics Management LLC	
Plan Name/Group Name: Massachusetts IDDAP	**BIN**: 018786 **PCN:** See Group/PCN table
Effective as of: 07/01/2022	**NCPDP Telecommunication Standard Version/Release #**: D.0
NCPDP Data Dictionary Version Date: October 2021	**NCPDP External Code List Version Date**: October 2021
Pharmacy Help Desk Information: 1-833-604-0921	
Provider Relations Department: RxNetworksDept@primetherapeutics.com	

Transactions Supported

Transaction Code	Transaction Name
B1	Claim Billing
B2	Claim Reversal
B3	Claim Re-bill

Group/PCN Table

Group ID (NCPDP field 301-C1)	PCN (NCPDP field 104-A4)	Groups
RX772677	466277	HDAP + no Medicare (HDAP only or Other Insurance)
RX772677	MATROOP	HDAP + Medicare
RX881588	823327	TBDAP + no Medicare (TBDAP only or Other Insurance)
RX881588	MATROOP	TBDAP + Medicare

Field Legend for Columns

Fields that are not used in the Claim Billing/Claim Re-Bill transactions and those that do not have qualified requirements (i.e., not used) for this payer are excluded from the template.

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	No
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	No
QUALIFIED REQUIREMENT	RW	"Required when." The situations designated have qualifications for usage ("Required if x," "Not required if y").	Yes

Claim Billing/Claim Re-Bill Transaction

The following lists the segments and fields in a Claim Billing or Claim Re-Bill Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.0.

Transaction Header Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110- AK) is Payer Issued	X	

Transaction Header Segment		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
101-A1	BIN Number	**018786**	M	<mark>NEW!</mark>
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code		M	
104-A4	Processor Control Number	See Group/PCN Table	M	<mark>NEW!</mark>
109-A9	Transaction Count		M	One transaction for B2; Four allowed for B1 or B3
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	
401-D1	Date of Service		M	
110-AK	Software Vendor/Certification ID		M	

Insurance Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent	X	

Insurance Segment Segment Identification (111-AM) = "04"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
302-C2	Cardholder ID		M	See value as printed on the ID Card
301-C1	Group ID	MA HDAP: **RX772677** TBDAP: **RX881588**	R	
312-CC	Cardholder First Name		R	
313-CD	Cardholder Last Name		R	

Patient Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent	X	

Patient Segment Segment Identification (111-AM) = "01"		Claim Billing/Claim Re-Bill		
Field	NCPDP Field Name	Value	Payer Usage	Payer Situation
304-C4	Date of Birth		R	
305-C5	Patient Gender Code	0 = Not Specified 1 = Male 2 = Female	R	
310-CA	Patient First Name		R	
311-CB	Patient Last Name		R	
335-2C	Pregnancy Indicator	Blank = Not Specified 1 = Not Pregnant 2 = Pregnant	RW	Required if the patient is known to be pregnant
384-4X	Patient Residence		RW	Required if this field could result in different coverage, pricing, or patient financial responsibility.

Claim Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent	X	
This plan supports partial fills	X	

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/Service Reference Number Qualifier	1= Rx Billing	M	For Transaction Code of "B1," in the Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	03 = National Drug Code (NDC)	M	
407-D7	Product/Service ID		M	
456-EN	Associated Prescription/Service Reference Number		RW	*Imp Guide*: Required if the "completion" transaction in a

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				partial fill (Dispensing Status (343-HD) = "C" (Completed)
				Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
				Payer Requirement: Same as *Imp Guide*.
457-EP	Associated Prescription/Service Date		RW	*Imp Guide*: Required if the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)).
				Required if Associated Prescription/Service Reference Number (456-EN) is used.
				Required if the Dispensing Status (343-HD) = "P" (Partial Fill) and there are multiple occurrences of partial fills for this prescription.
442-E7	Quantity Dispensed		R	
460-ET	Quantity Prescribed		RW	*Imp Guide:* Required when a transmission is for a Scheduled II drug as defined in 21 CFR 1308.12 and per CMS-0055-F (Compliance Date 09/21/2020. Refer to the *Version D.0 Editorial Document*).
403-D3	Fill Number		R	
405-D5	Days' Supply		R	

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
406-D6	Compound Code		R	Compounds are allowed for HDAP
408-D8	Dispense as Written (DAW)/Product Selection Code		R	
414-DE	Date Prescription Written		R	
415-DF	Number of Refills Authorized	0 = No refills Authorized 1–99 = Authorized refill number	R	
419-DJ	Prescription Origin Code	1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy	R	
354-NX	Submission Clarification Code Count			Required if Submission Clarification Code (420-DK) is used.
420-DK	Submission Clarification Code			*Payer Requirement:* Required when needing to provide additional information for coverage purposes. Please submit: 3 – Vacation Supply 4 – Lost/Stolen prescription. 20 – 340B

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
308-C8	Other Coverage Code		RW	Required when submitting a claim for recipient who has other coverage.
453-EJ	Originally Prescribed Product/Service ID Qualifier		RW	Required on partial or completion fills.

Claim Segment Segment Identification (111-AM) = "07"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
445-EA	Originally Prescribed Product/Service Code		RW	Required on partial or completion fills.
446-EB	Originally Prescribed Quantity		RW	Required on partial or completion fills.
600-28	Unit of Measure	Values: **EA = Each** **GM = Grams** **ML = Milliliters**	R	
418-DI	Level of Service		RW	Submit 3 for Emergency Claims
461-EU	Prior Authorization Type Code		RW	
462-EV	Prior Authorization Number Submitted		RW	
343-HD	Dispensing Status	P = Partial Fills C = Completion of Partial Fill	RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription. *Payer Requirement*: Same as *Imp Guide.*
344-HF	Quantity Intended To Be Dispensed		RW	*Imp Guide*: Required for the partial fill or the completion fill of a prescription. *Payer Requirement:* Same as *Imp Guide*
345-HG	Days' Supply Intended To Be Dispensed		RW	*Imp Guide:* Required for the partial fill or the completion fill of a prescription. *Payer Requirement*: Same as *Imp Guide*
995-E2	Route of Administration		RW	Compounds allowed for HDAP.

Pricing Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent	X	

Pricing Segment Segment Identification (111-AM) = "11"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
409-D9	Ingredient Cost Submitted		R	
412-DC	Dispensing Fee Submitted		RW	Required if its value has an effect on the Gross Amount Due (430-DU) calculation.
433-DX	Patient Paid Amount Submitted		RW	NOT REQUIRED; DO NOT SEND
426-DQ	Usual and Customary Charge		R	
430-DU	Gross Amount Due		R	
423-DN	Basis of Cost Determination		RW	Required if needed for receiver claim/encounter adjudication. 08 – 340B

Provider Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is not sent	X	

Prescriber Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is always sent	X	

Prescriber Segment Segment Identification (111-AM) = "03"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
466-EZ	Prescriber ID Qualifier	01 = NPI	R	
411-DB	Prescriber ID	Prescriber's individual NPI	R	Must submit valid NPI
427-DR	Prescriber Last Name		RW	Required when the Prescriber ID (411-DB) is not known.

364-2J	Prescriber First Name			RW	Required if needed to assist in identifying the prescriber. Required if necessary for state/federal/regulatory agency programs.

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Billing If Situational, Payer Situation
This Segment is situational	X	Required only for secondary, tertiary, etc. claims.
Scenario 2 – Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"		Claim Billing Scenario 2 – Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only			
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation	
337-4C	Coordination of Benefits/Other Payments Count	Maximum count of 9.	M		
338-5C	Other Payer Coverage Type	All values supported.	M		
339-6C	Other Payer ID Qualifier		RW	*Imp Guide:* Required if Other Payer ID (340-7C) is used.	
340-7C	Other Payer ID		RW	*Imp Guide:* Required if identification of the Other Payer is necessary for claim/encounter adjudication.	
443-E8	Other Payer Date		RW	*Imp Guide:* Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.	
471-5E	Other Payer Reject Count	Maximum count of 5.	RW	*Imp Guide:* Required if Other Payer Reject Code (472-6E) is used.	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"		Claim Billing Scenario 2 – Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
472-6E	Other Payer Reject Code		RW	*Imp Guide*: Required when the other payer has denied the payment for the billing, designated with Other Coverage Code (308-C8) = 3 (Other Coverage Billed – claim not covered).
353-NR	Other Payer – Patient Responsibility Amount Count	Maximum count of 25	RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount Qualifier (351-NP) is used.
351-NP	Other Payer- Patient Responsibility Amount Qualifier		RW	*Imp Guide:* Required if Other Payer-Patient Responsibility Amount (352-NQ) is used. **Please report the individual breakdown rather than a lump sum, when possible.**
352-NQ	Other Payer- Patient Responsibility Amount		RW	*Imp Guide:* Required if necessary for patient financial responsibility only billing.
392-MU	Benefit Stage Count		RW	Required if Benefit Stage Amount (394-MW) is used.
393-MV	Benefit Stage Qualifier		RW	Required if Benefit Stage Amount (394-MW) is used.
394-MW	Benefit Stage Amount		RW	Required if the previous payer has financial amounts that apply to Medicare Part D beneficiary benefit stages.

DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is situational	X	Submitted if required to affect outcome of claim related to DUR intervention.

DUR/PPS Segment Segment Identification (111-AM) = "08"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
473-7E	DUR/PPS Code Counter	Maximum of 9 occurrences.	RW***	Required if DUR/PPS Segment is used.
439-E4	Reason for Service Code		RW***	Required when there is a conflict to resolve or reason for service to be explained (Max 9)
440-E5	Professional Service Code		RW***	Required when there is a professional service to be identified (Max 9)
441-E6	Result of Service Code		RW***	Required when there is a result of service to be submitted (Max 9)
474-8E	DUR/PPS Level of Effort		RW	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome.

Compound Segment Questions	Check	Claim Billing/Claim Re- Bill If Situational, Payer Situation
This Segment is situational	X	Compounds are allowed for HDAP.

Compound Segment Segment Identification (111-AM) = "10"		Claim Billing/Claim Re-Bill		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
450-EF	Compound Dosage Form Description Code		M	
451-EG	Compound Dispensing Unit Form Indicator		M	
447-EC	Compound Ingredient Component Count		M	Maximum 25 ingredients
488-RE	Compound Product ID Qualifier		M	
489-TE	Compound Product ID		M	
448-ED	Compound Ingredient Quantity		M	

Compound Segment Segment Identification (111-AM) = "10"		Claim Billing/Claim Re-Bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
449-EE	Compound Ingredient Drug Cost		M	
490-UE	Compound Ingredient Basis of Cost Determination		R	

Clinical Segment Questions	Check	Claim Billing/Claim Re-Bill If Situational, Payer Situation
This Segment is situational	X	Submitted if the clinical detail will affect the outcome of claims processing.

Clinical Segment Segment Identification (111-AM) = "13"		Claim Billing/Claim Re-bill		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
491-VE	Diagnosis Code Count	Maximum count of 5	RW	Required if Diagnosis Code Qualifier (492-WE) and Diagnosis Code (424-DO) are used.
492-WE	Diagnosis Code Qualifier		RW***	Required if Diagnosis Code (424-DO) is used.
424-DO	Diagnosis Code		RW***	Required if this field could result in different coverage, pricing, patient financial responsibility, and/or drug utilization review outcome. Required if this information can be used in place of prior authorization. Required if necessary for state/federal/regulatory agency programs.

End of Request Claim Billing/Claim Re-bill (B1/B3) Payer Sheet

Response Claim Billing/Claim Re-Bill Payer Sheet

Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) Response

Start of Response Claim Billing/Claim Re-bill (B1/B3) Payer Sheet

General Information

Payer Name: Prime Therapeutics Management LLC		
Plan Name/Group Name: Massachusetts IDDAP	BIN: 018786	See Group/PCN Table

Claim Billing/Claim Re-Bill PAID (or Duplicate of PAID) Response

The following lists the segments and fields in a Claim Billing or Claim Re-Bill response (Paid or Duplicate of Paid) Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.0.

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B1, B3	M	
109-A9	Transaction Count	Same value as in request	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider Id Qualifier	Same value as in request	M	
201-B1	Service Provider Id	Same value as in request	M	
401-D1	Date of Service	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is situational	X	Sent if additional information is available from the payer/processor.

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		R	

Response Insurance Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is situational	X	

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
524-FO	Plan ID		RW	
301-C1	Group ID		RW	
302-C2	Cardholder ID		RW	

Response Patient Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is situational	X	

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
310-CA	Patient First Name		RW	
311-CB	Patient Last Name		RW	
304-C4	Date of Birth		RW	

Response Status Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	Transaction Response Status	P = Paid D = Duplicate of Paid	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
547-5F	Approved Message Code Count	Maximum count of 5.	RW	Required if Approved Message Code (548-6F) is used.
548-6F	Approved Message Code		RW	Required if Approved Message Code Count (547-5F) is used.
130-UF	Additional Message Information Count	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

Response Claim Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/Service Reference Number Qualifier	1 = RxBilling	M	
402-D2	Prescription/Service Reference Number		M	

Response Pricing Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is always sent	X	

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
505-F5	Patient Pay Amount		R	
506-F6	Ingredient Cost Paid		R	
507-F7	Dispensing Fee Paid		RW	Required if this value is used to arrive at the final reimbursement.
521-FL	Incentive Amount Paid		RW	Required if Incentive Amount Submitted (438-E3) is greater than zero (0).
563-J2	Other Amount Paid Count	Maximum count of 3.	RW	Required if Other Amount Paid (565-J4) is used.
564-J3	Other Amount Paid Qualifier		RW	Required if Other Amount Paid (565-J4) is used.
565-J4	Other Amount Paid		RW	Required if Other Amount Claimed Submitted (48Ø-H9) is greater than zero (0).

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
509-F9	Total Amount Paid		R	
522-FM	Basis of Reimbursement Determination		RW	Required if Ingredient Cost Paid (506-F6) is greater than zero (0). Required if Basis of Cost Determination (432-DN) is submitted on billing.

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is situational	X	Sent when DUR intervention is encountered during claim processing.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS Response Code Counter	Maximum 9 occurrences supported.	RW	Required if Reason for Service Code (439-E4) is used.
439-E4	Reason for Service Code		RW	Required if utilization conflict is detected.
528-FS	Clinical Significance Code		RW	Required if needed to supply additional information for the utilization conflict.
529-FT	Other Pharmacy Indicator		RW	Required if needed to supply additional information for the utilization conflict.
530-FU	Previous Date of Fill		RW	Required if Quantity of Previous Fill (531-FV) is used.
531-FV	Quantity of Previous Fill		RW	Required if Previous Date of Fill (530-FU) is used.
532-FW	Database Indicator		RW	Required if needed to supply additional information for the utilization conflict.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
533-FX	Other Prescriber Indicator		RW	Required if needed to supply additional information for the utilization conflict.
544-FY	DUR Free Text Message		RW	Required if needed to supply additional information for the utilization conflict.
570-NS	DUR Additional Text		RW	Required if needed to supply additional information for the utilization conflict.

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid) If Situational, Payer Situation
This Segment is situational	X	Sent when Other Health Insurance (OHI) is encountered during claims processing.

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-Bill Accepted/Paid (or Duplicate of Paid)		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
355-NT	Other Payer ID Count	Maximum count of 3.	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		RW	Required if Other Payer ID (340-7C) is used.
340-7C	Other Payer ID		RW	Required if other insurance information is available for coordination of benefits.
992-MJ	Other Payer Group ID		RW	Required if other insurance information is available for coordination of benefits.

Claim Billing/Claim Re-Bill Accepted/Rejected Response

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B1, B3	M	
109-A9	Transaction Count	Same value as in request	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	Same value as in request	M	
201-B1	Service Provider ID	Same value as in request	M	
401-D1	Date of Service	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	

Response Insurance Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
301-C1	Group ID		R	Required if needed to identify the actual cardholder or employer group, to identify appropriate group number, when available.

Response Insurance Segment Segment Identification (111-AM) = "25"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
524-FO	Plan ID		RW	Required if needed to identify the actual plan parameters, benefit, or coverage criteria, when available.
568-J7	Payer ID Qualifier		RW	Required if Payer ID (569-J8) is used.
569-J8	Payer ID		RW	Required to identify the ID of the payer responding.
302-C2	Cardholder ID		RW	Required if the identification to be used in future transactions is different than what was submitted on the request.

Response Patient Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	Sent when known by plan

Response Patient Segment Segment Identification (111-AM) = "29"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
310-CA	Patient First Name		RW	
311-CB	Patient Last Name		RW	
304-C4	Date of Birth		RW	

Response Status Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
112-AN	Transaction Response Status	R = Reject	M	
503-F3	Authorization Number		RW	
510-FA	Reject Count	Maximum count 5.	R	
511-FB	Reject Code		R	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
546-4F	Reject Field Occurrence Indicator		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	Additional Message Information Count	Maximum count 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

987-MA	URL		RW	Provided for informational purposes only to relay health care communications via the Internet.

Response Claim Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/Service Reference Number Qualifier		M	1 = RxBilling
402-D2	Prescription/Service Reference Number		M	

Response DUR/PPS Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	Sent when DUR intervention is encountered during claim adjudication.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
567-J6	DUR/PPS Response Code Counter	Maximum 9 occurrences supported.	RW	Required if Reason for Service Code (439-E4) is used.
439-E4	Reason for Service Code		RW	Required if utilization conflict is detected.

Response DUR/PPS Segment Segment Identification (111-AM) = "24"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
528-FS	Clinical Significance Code		RW	Required if needed to supply additional information for the utilization conflict.

529-FT	Other Pharmacy Indicator		RW	Required if needed to supply additional information for the utilization conflict.
530-FU	Previous Date of Fill		RW	Required if Quantity of Previous Fill (531-FV) is used.
531-FV	Quantity of Previous Fill		RW	Required if Previous Date of Fill (530-FU) is used.
532-FW	Database Indicator		RW	Required if needed to supply additional information for the utilization conflict.
533-FX	Other Prescriber Indicator		RW	Required if needed to supply additional information for the utilization conflict.
544-FY	DUR Free Text Message		RW	Required if needed to supply additional information for the utilization conflict.
570-NS	DUR Additional Text		RW	Required if needed to supply additional information for the utilization conflict.

Response Prior Authorization Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	Sent when claim adjudication outcome requires subsequent PA number for payment

Response Coordination of Benefits/Other Payers Segment Questions	Check	Claim Billing/Claim Re-Bill Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	Sent when Other Health Insurance (OHI) is encountered during claim processing.

Response Coordination of Benefits/Other Payers Segment Segment Identification (111-AM) = "28"		Claim Billing/Claim Re-Bill Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
355-NT	Other Payer ID Count	Maximum count of 3.	M	
338-5C	Other Payer Coverage Type		M	

339-6C	Other Payer ID Qualifier			RW	Required if Other Payer ID (340-7C) is used.
340-7C	Other Payer ID			RW	Required if other insurance information is available for coordination of benefits.

Claim Billing/Claim Re-Bill Rejected/Rejected Response

Response Transaction Header Segment Questions	Check	Claim Billing/Claim Re-Bill Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B1, B3	M	
109-A9	Transaction Count	Same value as in request	M	
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier	Same value as in request	M	
201-B1	Service Provider ID	Same value as in request	M	
401-D1	Date of Service	Same value as in request	M	

Response Message Segment Questions	Check	Claim Billing/Claim Re-Bill Rejected/Rejected If Situational, Payer Situation
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	

Response Status Segment Questions	Check	Claim Billing/Claim Re-Bill Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	Transaction Response Status	R = Reject	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
510-FA	Reject Count	Maximum count 5.	R	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Billing/Claim Re-Bill Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	Additional Message Information Count	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required if and only if current repetition of Additional Message Information (526FQ) is used.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

** End of Response Claim Billing/Claim Re-bill (B1/B3) Payer Sheet**

NCPDP Version D.0 Claim Reversal

Request Claim Reversal Payer Sheet

** Start of Request Claim Reversal (B2) Payer Sheet **

General Information

Payer Name: Prime Therapeutics Management LLC		
Plan Name/Group Name: Massachusetts IDDAP	BIN: 018786	See Group/PCN Table

Group/PCN Table

Group ID (NCPDP Field 301-C1)	PCN (NCPDP Field 104-A4)	Groups
RX772677	466277	HDAP + no Medicare (HDAP only or Other Insurance)
RX772677	MATROOP	HDAP + Medicare
RX881588	823327	TBDAP + no Medicare (TBDAP only or Other Insurance)
RX881588	MATROOP	TBDAP + Medicare

Claim Reversal Transaction

The following lists the segments and fields in a Claim Reversal Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.0.

Transaction Header Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent	X	
Source of certification IDs required in Software Vendor/Certification ID (110-AK) is Payer Issued	X	

Transaction Header Segment		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN NUMBER	018786	M	NEW!

Transaction Header Segment		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B2	M	
104-A4	Processor Control Number	See Group/PCN Table	M	NEW!
109-A9	Transaction Count		M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID	NPI Number	M	
401-D1	Date of Service		M	
110-AK	Software Vendor/ Certification ID	This will be provided by the provider's software vendor	M	If no number is supplied, populate with zeros

Insurance Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent	X	

Insurance Segment Segment Identification (111-AM) = "04"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
302-C2	Cardholder ID		M	
301-C1	Group ID		RW	Required if needed to match the reversal to the original billing transaction.

Claim Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is always sent	X	

Claim Segment Segment Identification (111-AM) = "07"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/Service Reference Number Qualifier		M	
402-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier		M	
407-D7	Product/Service ID		M	
403-D3	Fill Number	0 = Original Dispensing 1–99 = Number of refills	R	Required if needed for reversals when multiple fills of the same Prescription/ Service Reference Number (402-D2) occur on the same day.
308-C8	Other Coverage Code		RW	Required if needed by receiver to match the claim that is being reversed.

Pricing Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is situational	X	

Pricing Segment Segment Identification (111-AM) = "11"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
438-E3	Incentive Amount Submitted		RW	Required if this field could result in contractually agreed upon payment.
430-DU	Gross Amount Due		RW	Required if this field could result in contractually agreed upon payment.

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"		Claim Reversal		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	Coordination of Benefits/Other Payments Count	Maximum count of 9	M	
338-5C	Other Payer Coverage Type		M	
339-6C	Other Payer ID Qualifier		RW	Required if Other Payer ID (Field # 340-7C) is used
340-7C	Other Payer ID		RW	Required if COB segment is used
443-E8	Other Payer Date		RW	Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.

** End of Request Claim Reversal (B2) Payer Sheet**

Response Claim Reversal Payer Sheet Claim Reversal Accepted/Approved Response

** Start of Claim Reversal Response (B2) Payer Sheet**

General Information

Payer Name: Prime Therapeutics Management LLC		
Plan Name/Group Name: Massachusetts IDDAP	**BIN:** 018786	**See Group/PCN Table**

Claim Reversal Accepted/Approved Response

The following lists the segments and fields in a Claim Reversal response (Approved) Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.0.

Response Transaction Header Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B2	M	
109-A9	Transaction Count	Same value as in request	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	01= National Provider Identifier (NPI)	M	
201-B1	Service Provider ID	NPI Number	M	
401-D1	Date of Service		M	

Response Message Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is situational	X	Provide general information when used for transmission-level messaging.

Response Message Segment Segment Identification (111-AM) = "20"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	

Response Status Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	Transaction Response Status	A = Approved	M	
503-F3	Authorization Number		RW	Required if needed to identify the transaction.
547-5F	Approved Message Code Count	Maximum count of 5.	RW	Required if Approved Message Code (548-6F) is used.
548-6F	Approved Message Code		RW	Required if Approved Message Code Count (547- 5F) is used and the sender needs to communicate additional follow up for a potential opportunity.
130-UF	Additional Message Information Count	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
				used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

Response Claim Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
455-EM	Prescription/Service Reference Number Qualifier	1 = RxBilling	M	For Transaction Code of "B2," in the Response Claim Segment, the Prescription/Service Reference Number Qualifier (455-EM) is "1" (Rx Billing).
402-D2	Prescription/Service Reference Number		M	

Response Pricing Segment Questions	Check	Claim Reversal – Accepted/Approved If Situational, Payer Situation
This Segment is situational	X	Sent if reversal results in generation of pricing detail.

Response Pricing Segment Segment Identification (111-AM) = "23"		Claim Reversal – Accepted/Approved		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
521-FL	Incentive Amount Paid		RW	Required if this field is reporting a contractually agreed upon payment.
509-F9	Total Amount Paid		RW	Required if any other payment fields sent by the sender.

Claim Reversal Accepted/Rejected Response

Response Transaction Header Segment Questions	Check	Claim Reversal – Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B2	M	
109-A9	Transaction Count	Same value as in request	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	01 = National Provider Identifier (NPI)	M	
201-B1	Service Provider ID	NPI Number	M	
401-D1	Date of Service		M	

Response Message Segment Questions	Check	Claim Reversal – Accepted/Rejected If Situational, Payer Situation
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	

Response Status Segment Questions	Check	Claim Reversal – Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	Transaction Response Status	R = Reject	M	
503-F3	Authorization Number		R	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Accepted/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
510-FA	Reject Count	Maximum count of 5.	R	
511-FB	Reject Code		R	
546-4F	Reject Field Occurrence Indicator		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	Additional Message Information Count	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

Response Claim Segment Questions	Check	Claim Reversal – Accepted/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Claim Segment Segment Identification (111-AM) = "22"		Claim Reversal – Accepted/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
455-EM	Prescription/Service Reference Number Qualifier	1 = RxBilling	M	
402-D2	Prescription/Service Reference Number		M	

Coordination of Benefits/Other Payments Segment Questions	Check	Claim Reversal If Situational, Payer Situation
This Segment is situational	X	

Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"		Claims Reversal		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
337-4C	Coordination of Benefits/Other Payments Count	Maximum count of 9	M	
338-5C	Other Payer Coverage Type		M	

Claim Reversal Rejected/Rejected Response

Response Transaction Header Segment Questions	Check	Claim Reversal – Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Transaction Header Segment		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
102-A2	Version/Release Number	D0	M	
103-A3	Transaction Code	B2	M	
109-A9	Transaction Count	1 = One Occurrence	M	
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier	01 = National Provider Identifier	M	
201-B1	Service Provider ID	NPI Number	M	
401-D1	Date of Service		M	

Response Message Segment Questions	Check	Claim Reversal – Rejected/Rejected If Situational, Payer Situation
This Segment is situational	X	

Response Message Segment Segment Identification (111-AM) = "20"		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
504-F4	Message		RW	

Response Status Segment Questions	Check	Claim Reversal – Rejected/Rejected If Situational, Payer Situation
This Segment is always sent	X	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Rejected/Rejected		
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
112-AN	Transaction Response Status	R = Reject	M	
503-F3	Authorization Number		R	

510-FA	Reject Count	Maximum count of 5.	R	
511-FB	Reject Code		R	

Response Status Segment Segment Identification (111-AM) = "21"		Claim Reversal – Rejected/Rejected		
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
546-4F	Reject Field Occurrence Indicator		RW	Required if a repeating field is in error, to identify repeating field occurrence.
130-UF	Additional Message Information Count	Maximum count of 25.	RW	Required if Additional Message Information (526-FQ) is used.
132-UH	Additional Message Information Qualifier		RW	Required if Additional Message Information (526-FQ) is used.
526-FQ	Additional Message Information		RW	Required when additional text is needed for clarification or detail.
131-UG	Additional Message Information Continuity		RW	Required if and only if current repetition of Additional Message Information (526-FQ) is used, another populated repetition of Additional Message Information (526-FQ) follows it, and the text of the following message is a continuation of the current.
549-7F	Help Desk Phone Number Qualifier		RW	Required if Help Desk Phone Number (550-8F) is used.
550-8F	Help Desk Phone Number		RW	Required if needed to provide a support telephone number to the receiver.

** End of Claim Reversal (B2) Response Payer Sheet**

Revision History

Date	Name	Comments
07/08/2022	Anita Martin; Bridgette Devine	Removed – Scenario 1 – Other Payer – Amount Paid Repetitions from COB/Other Payments Segment Questions table, and removed 341-HB.
06/30/2022	Anita Martin; Heather Bonneville	Updated Segment Identification (111-AM) = "03" Coordination of Benefits/Other Payments Segment Questions table
05/12/2022	Anita Martin; Bridgette Devine	Document review
	Tiffany Adams; Ron Wright	Initial creation